CENTER FOR HEALTH INFORMATION AND ANALYSIS

# Data Specification Manual

## 957 CMR 2.00: Payer Reporting of Provider Payment Methods

**Center for Health Information and Analysis | Commonwealth of Massachusetts**

Payer specifications for Handout 2_Provider Payment Methods.

957 CMR 2.00
Payer Reporting of Provider Payment Methods
Data Specification Manual

**Introduction**

M.G.L. c. 12C, § 10 requires the Center for Health Information and Analysis ("Center") to collect from private and public health care payers "information on provider payment methods and levels" and "any applicable measures of provider performance in such alternative payment contracts."

Regulation 957 CMR 2.00 governs the methodology and filing requirements for health care payers to report this data to the Center. The Data Specification Manual provides additional technical details to assist payers in reporting and filing this data.

Payers are required to submit one Provider Payment Methods filing to the Center annually. The file will contain hospital data for the previous calendar year, physician group data for the calendar year ending seventeen months prior, and other provider data for the previous calendar year. Files will contain different record types, including:

a. Payer Comments
b. Separate provider payment methods data with distinct lines for Medicare Advantage, Medicaid Managed Care, Commonwealth Care, and commercial by:
    - Acute hospital inpatient
    - Acute hospital outpatient
    - Psychiatric hospital inpatient, including behavioral health data for acute hospitals with psychiatric care or substance abuse units
    - Psychiatric hospital outpatient, including behavioral health data for acute hospitals with psychiatric care or substance abuse units
    - Chronic hospital inpatient
    - Chronic hospital outpatient
    - Rehabilitation hospital inpatient
    - Rehabilitation hospital outpatient
    - Physician group practices
    - Ambulatory surgical centers
    - Community health centers
    - Community mental health centers
    - Freestanding clinical labs
    - Freestanding diagnostic imaging
    - Home health agencies
    - Skilled nursing facilities

**File Submission Instructions and Schedule**

Payers will submit Excel files with relative price payment methods data by locking the Excel files, and emailing the files to tmerp@state.ma.us. Payers will then send a separate email with the Password to unlock their Excel files to the same email address.

Payers will submit relative price payment methods data in accordance with regulation 957 CMR 2.00 on the following schedule:

| Provider Payment Methods Filing Schedule | |
|---|---|
| **Date** | **File Due** |
| May 15, 2013 | CY 2012 Hospital, Other Provider Payment Methods<br>CY 2011 Physician Group Payment Methods |

**Data Submission**

For the reporting of claims payments, payers shall report the total amount paid to Massachusetts providers, including claims data for non-Massachusetts members if they seek care at a Massachusetts provider. Payers shall exclude any paid claims for which it was the secondary or tertiary payer.

Payers shall report non-claims payments paid to each Massachusetts provider by insurance category and product type.

Payers shall classify payments made to each provider based on the member's associated payment method. If a member is under a global budget, and the global budget includes a visit to the hospital, then the hospital payments for that member shall be classified as global budget, even if the payment mechanism at the transactional level was fee-for-service. If a member is covered by a limited budget consisting only of primary care visits, but then visits a hospital, then the payments for that member to the hospital shall be classified based on how the payer pays the hospital since the member's limited budget did not include the hospital service.

Even though most alternative payment methods are layered on a fee-for-service structure, the overall settlement process at the end of the cycle determines the payment arrangement type for all of those dollars paid under the specific contract. For example, if a member is under a global payment contract, the dollar amount associated with this member should be classified as a global payment method even though the payer utilizes a fee-for-service payment mechanism to reimburse providers at the transactional level. The same logic applies to limited budget or bundled payment arrangements. The dollars reported for limited budget or bundled payment arrangements shall include all dollar amounts paid for members associated with the contract, even if a fee-for-service mechanism was used for claims processing and payment transaction purposes.

**Reporting Thresholds**

For hospital inpatient and hospital outpatient reporting, payers shall report all Massachusetts hospitals as listed on the Center's OrgID list.

For physician group reporting, payers shall report the provider payment methods for the top 30 physician groups based on revenue by insurance category.

For other provider reporting, payers shall report the provider payment methods for the providers who receive 3% or more of a payer's revenue within each provider type and insurance category.

**Field Definitions: Hospital Inpatient and Hospital Outpatient**

Hospital OrgID: The Organizational ID assigned by the Center for each hospital. Hospital OrgIDs may be found in Appendix A.

Hospital Type Code: A number that indicates the reported hospital type. Please refer to Appendix A for a list of Massachusetts hospitals by hospital type.

| Hospital Type Code | Definition |
|---|---|
| **1** | **Acute Hospital** |
| **2** | **Psychiatric or Substance Abuse Hospital or Acute Hospital Behavioral Health Only** |
| **3** | **Chronic Hospital** |
| **4** | **Rehabilitation Hospital** |

Insurance Category Code: A number that indicates the reported insurance category.

| Insurance Category Code | Definition |
|---|---|
| **1** | **Medicare & Medicare Advantage** |
| **2** | **Medicaid & Medicaid MCO** |
| **3** | **Commonwealth Care** |
| **4** | **Commercial** |
| **5** | **Other (MSP, SCO, PACE, Bridge)** |

Product Type: The product type under the insurance category reported.

| Product Type Code | Definition |
|---|---|
| **1** | **HMO and POS** |
| **2** | **PPO** |
| **3** | **Indemnity** |
| **4** | **Other** |

Payment Method: Payments will be reported by payment method, as defined below.

*Global Budget/Payment:* Payment arrangements where budgets for health care spending are set either prospectively or retrospectively for a comprehensive set of services for a broadly defined population. Contract must include at a minimum: physician services and inpatient and outpatient hospital services. Examples include shared savings and full/partial risk arrangements.

*Limited Budget:* Payment arrangements where budgets for health care spending are set either prospectively or retrospectively for a non-comprehensive set of services to be delivered by a single provider organization (such as capitated primary care and oncology services).

*Bundled Payments:* Fixed dollar payments for the care that patients may receive in a given episode of care for a specific condition delivered by multiple provider types.

*Other, non-FFS based:* All other payment arrangements not based on a fee-for-service model, including supplemental payments for the Patient Center Medical Home Initiative (PCHMI).

*Fee for Service (FFS):* A payment mechanism in which all reimbursable health care activity is described and categorized into discreet and separate units of service and each provider is separately reimbursed for each discrete service rendered to a patient. Fee for service payment includes: Diagnosis Related Groups (DRGs), per-diem payments, fixed procedure code-based fee schedule (e.g. Medicare's Ambulatory Payment Classifications (APCs)), claims-based payments adjusted by performance measures, and discounted charges-based payments. This category also includes Pay for Performance incentives that accompany FFS payments.

*Carve-Out Services:* Payments made to a third party administrator that covers the costs of a specific category of expenses, such as behavioral health or prescription drugs. Payments shall be classified as carve-out services only if the payer is unable to obtain the payment mechanism used by the carve-out vendor to pay the provider according to the vendor's contractual relationship with the provider.

| Payment Method Code | Definition |
|---|---|
| **1** | **Global Budget/Payment** |
| **2** | **Limited Budget** |
| **3** | **Bundled Payments** |
| **4** | **Other, non-FFS based** |
| **5** | **Fee for Service** |
| **6** | **Carve-Out Services** |

Total Claims Payments: The sum of all associated claims payments, including patient cost sharing amounts, for each insurance category, product type, and payment method combination.

Total Non-Claims Payments: The sum of all associated non-claims payments for each insurance category, product type, and payment method combination.

Total Payments: The sum of Total Claims Payments and Total Non-Claims Payments.

Amount of Total Payments due to Financial Performance Measures: The subset dollar amount of the total payments paid for financial performance-based contracts for each insurance category, product type, and payment method combination. A financial performance payment is defined as additions to the base payment or adjustments to a contracted payment amount made based solely on the achievement of financial or cost-based measures.

Amount of Total Payments due to Quality Performance Measures: The subset dollar amount of the total payments paid for quality performance-based contracts, for each insurance category, product type and payment method combination. A quality performance payment is made either as an addition to the base payment or as an adjustment to a contracted payment amount, in both cases to reward a provider for quality, access and/or patient experience. Quality performance-based contracts do not include contracts that incorporate payment adjustments based solely on provider cost or efficiency performance.

Amount of Total Payments due to Financial and Quality Performance Measures Combined: The subset dollar amount of the total payments paid for combined financial and quality performance-based contracts, for each insurance category, product type and payment method combination. These include contracts that incorporate payment adjustments based on linked financial and quality performance measures.

**Field Definitions: Physician Group and Other Providers**

Parent Physician Group/Other Provider OrgID: The OrgID assigned by the Center for the parent physician group. For Other Provider reporting, this will be the OrgID assigned by the Center for the provider. Refer to Appendix A for the number associated with the parent physician group or other provider group.

Local Practice Group/Other Provider OrgID: The OrgID assigned by the Center for the local practice group. For Other Provider reporting, this will be the OrgID assigned by the Center for the provider. Please note that the OrgID for an Other Provider will be the same as the OrgID reported in the aforementioned field. Refer to Appendix A for the number associated with the Local Practice Group or other provider group.

Organization Type: For Other Provider reporting only, the type of organization being reported.

| Organization Type Code | Definition |
|---|---|
| **3** | **Ambulatory Surgical Center** |
| **4** | **Community Health Center** |
| **5** | **Community Mental Health Center** |
| **6** | **Freestanding Clinical Labs** |
| **7** | **Freestanding Diagnostic Imaging** |
| **8** | **Home Health Agency** |
| **9** | **Skilled Nursing Facility** |

Insurance Category Code: A number that indicates the reported insurance category.

| Insurance Category Code | Definition |
|---|---|
| **1** | **Medicare & Medicare Advantage** |
| **2** | **Medicaid & Medicaid MCO** |
| **3** | **Commonwealth Care** |
| **4** | **Commercial** |
| **5** | **Other (MSP, SCO, PACE, Bridge)** |

Product Type: The product type under the insurance category reported.

| Product Type Code | Definition |
|---|---|
| **1** | **HMO and POS** |
| **2** | **PPO** |
| **3** | **Indemnity** |
| **4** | **Other** |

Payment Method: Payments will be reported by payment method, as defined below.

*Global Budget/Payment:* Payment arrangements where budgets for health care spending are set either prospectively or retrospectively for a comprehensive set of services for a broadly defined population. Contract must include at a minimum: physician services and inpatient and outpatient hospital services. Examples include shared savings and full/partial risk arrangements.

*Limited Budget:* Payment arrangements where budgets for health care spending are set either prospectively or retrospectively for a non-comprehensive set of services to be delivered by a single provider organization (such as capitated primary care and oncology services).

*Bundled Payments:* Fixed dollar payments for the care that patients may receive in a given episode of care for a specific condition delivered by multiple provider types.

*Other, non-FFS based:* All other payment arrangements not based on a fee-for-service model, including supplemental payments for the Patient Center Medical Home Initiative (PCHMI).

*Fee for Service:* A payment mechanism in which all reimbursable health care activity is described and categorized into discreet and separate units of service and each provider is separately reimbursed for each discrete service rendered to a patient. Fee for service payment includes: DRGs, per-diem payments, fixed procedure code-based fee schedule (e.g. Medicare's APCs), claims-based payments adjusted by performance measures, and discounted charges-based payments.

*Carve-Out Services:* Payments made to a third party administrator that cover the costs of a specific category of expenses, such as behavioral health or prescription drugs. Payments shall be classified as carve-out services only if the payer is unable to obtain the payment mechanism used by the carve-out vendor to pay the provider according to the vendor's contractual relationship with the provider.

| Payment Method Code | Definition |
|---|---|
| **1** | **Global Budget/Payment** |
| **2** | **Limited Budget** |
| **3** | **Bundled Payments** |
| **4** | **Other, non-FFS based** |
| **5** | **Fee for Service** |
| **6** | **Carve-Out Services** |

Total Claims Payments: The sum of all associated claims payments, including patient cost sharing amounts, for each insurance category, product type, and payment method combination.

Total Non-Claims Payments: The sum of all associated non-claims payments for each insurance category, product type, and payment method combination.

Total Payments: The sum of Total Claims Payments and Total Non-Claims Payments.

Amount of Total Payments due to Financial Performance Measures: The subset dollar amount of the total payments paid for financial performance-based contracts for each insurance category, product type, and payment method combination. A financial performance payment is defined as additions to the base payment or adjustments to a contracted payment amount made based solely on the achievement of financial or cost-based measures.

Amount of Total Payments due to Quality Performance Measures: The subset dollar amount of the total payments paid for quality performance-based contracts, for each insurance category, product type and payment method combination. A quality performance payment is made either as an addition to the base payment or as an adjustment to a contracted payment amount, in both cases to reward a provider for quality, access and/or patient experience. Quality performance-based contracts do not include contracts that incorporate payment adjustments based solely on provider cost or efficiency performance.

Amount of Total Payments due to Financial and Quality Performance Measures Combined: The subset dollar amount of the total payments paid for combined financial and quality performance-based contracts, for each insurance category, product type and payment method combination. These include contracts that incorporate payment adjustments based on linked financial and quality performance measures.

*For detailed information on data submission, please see Appendix B.*

**Appendix A. Provider OrgIDs**

Please visit:

http://www.mass.gov/chia/researcher/health-care-delivery/hcf-data-resources/payer-data-reporting/

**Appendix B. Data Submission Guidelines**

| Record Type | Column | Element | Data Element Name | Type | Format | Length | Element Submission Guideline |
|---|---|---|---|---|---|---|---|
| HD | 1 | HD001 | Payer ID | Integer | ###### | 6 | Payer's Submission OrgID as defined by the Center. |
| HD | 2 | HD002 | HOS Calendar Year | Date | YYYY | 4 | The calendar year of the hospital and other provider data being submitted |
| HD | 3 | HD003 | PG Calendar Year | Date | YYYY | 4 | The calendar year of the physician group data being submitted. |
| HD | 4 | HD004 | Provider Record Count | Integer | ###### | 6 | Record Count for Provider-level data |
| | | | | | | | |
| HI | 1 | HI001 | Hospital OrgID | Integer | ###### | 6 | OrgID assigned by the Center for each hospital.<br><br>**Please see Appendix A.** |
| HI | 2 | HI002 | Hospital Type Code | Integer | # | 1 | Hospital Type<br><br>**Please see Table D (Hospital Type)** |
| HI | 3 | HI003 | Insurance Category Code | Integer | # | 1 | Insurance Category<br><br>**Please see Table A (Insurance Category)** |
| HI | 4 | HI004 | Product Type Code | Integer | # | 1 | Product Type<br><br>**Please see Table B (Product Type)** |
| HI | 5 | HI005 | Payment Method Code | Integer | # | 1 | Assigned payment method. Please see Field Definitions: Payment Method for more details.<br><br>**Please see Table C (Payment Method)** |
| HI | 6 | HI006 | Total Claims Payments | Money | #########.## | 12 | The sum of all associated medical claims payments made to each provider for each insurance category, product type, and payment method combination. |
| HI | 7 | HI007 | Total Non-Claims Payments | Money | #########.## | 12 | The sum of all associated non-claims payments made to each provider for each insurance category, product type, and payment method combination. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| HI | 8 | HI008 | Total Payments | Money | ######### | 12 | The sum of Total Claims Payments and Total Non-Claims Payments. |
| HI | 9 | HI009 | Amount of Total Payments due to Financial Performance Measures | Money | ######### | 12 | The subset dollar amount of the total payments paid for financial performance-based contracts for each insurance category, product type, and payment method combination.<br><br>**Please see Field Definitions: Hospital Inpatient and Hospital Outpatient for more detail.** |
| HI | 10 | HI010 | Amount of Total Payments due to Quality Performance Measures | Money | ######### | 12 | The subset dollar amount of the total payments paid for quality performance-based contracts, for each insurance category, product type and payment method combination.<br><br>**Please see Field Definitions: Hospital Inpatient and Hospital Outpatient for more detail.** |
| HI | 11 | HI011 | Amount of Total Payments due to Financial and Quality Performance Measures Combined | Money | ######### | 12 | The subset dollar amount of the total payments paid for combined financial and quality performance-based contracts, for each insurance category, product type and payment method combination.<br><br>**Please see Field Definitions: Hospital Inpatient and Hospital Outpatient for more detail.** |
| | | | | | | | |
| HO | 1 | HO001 | Hospital OrgID | Integer | ###### | 6 | OrgID assigned by the Center for each hospital.<br><br>**Please see Appendix A.** |
| HO | 2 | HO002 | Hospital Type Code | Integer | # | 1 | Hospital Type<br><br>**Please see Table D (Hospital Type)** |
| HO | 3 | HO003 | Insurance Category Code | Integer | # | 1 | Insurance Category<br><br>**Please see Table A (Insurance Category)** |
| HO | 4 | HO004 | Product Type Code | Integer | # | 1 | Product Type |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | **Please see Table B (Product Type)** |
| HO | 5 | HO005 | Payment Method Code | Integer | # | 1 | Assigned payment method. Please see Field Definitions: Payment Method for more details.<br><br>**Please see Table C (Payment Method)** |
| HO | 6 | HO006 | Total Claims Payments | Money | ######### | 12 | The sum of all associated medical claims payments made to each provider for each insurance category, product type, and payment method combination. |
| HO | 7 | HO007 | Total Non-Claims Payments | Money | ######### | 12 | The sum of all associated non-claims payments made to each provider for each insurance category, product type, and payment method combination. |
| HO | 8 | HO008 | Total Payments | Money | ######### | 12 | The sum of Total Claims Payments and Total Non-Claims Payments. |
| HO | 9 | HO009 | Amount of Total Payments due to Financial Performance Measures | Money | ######### | 12 | The subset dollar amount of the total payments paid for financial performance-based contracts for each insurance category, product type, and payment method combination.<br><br>**Please see Field Definitions: Hospital Inpatient and Hospital Outpatient for more detail.** |
| HO | 10 | HO010 | Amount of Total Payments due to Quality Performance Measures | Money | ######### | 12 | The subset dollar amount of the total payments paid for quality performance-based contracts, for each insurance category, product type and payment method combination.<br><br>**Please see Field Definitions: Hospital Inpatient and Hospital Outpatient for more detail.** |
| HO | 11 | HO011 | Amount of Total Payments due to Financial and Quality Performance Measures Combined | Money | ######### | 12 | The subset dollar amount of the total payments paid for combined financial and quality performance-based contracts, for each insurance category, product type and payment method combination.<br><br>**Please see Field Definitions: Hospital Inpatient and Hospital Outpatient for more detail.** |
| | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| PG | 1 | PG001 | Parent Physician Group OrgID | Integer | ###### | 6 | OrgID assigned by the Center for each physician group<br><br>**Please see Appendix A.** |
| PG | 2 | PG002 | Local Practice Group OrgID | Integer | ###### | 6 | OrgID assigned by the Center for each physician group<br><br>**Please see Appendix A.** |
| PG | 3 | PG003 | Insurance Category Code | Integer | # | 1 | Insurance Category<br><br>**Please see Table A (Insurance Category)** |
| PG | 4 | PG004 | Product Type Code | Integer | # | 1 | Product Type<br><br>**Please see Table B (Product Type)** |
| PG | 5 | PG005 | Payment Method Code | Integer | # | 1 | Assigned payment method. Please see Field Definitions: Payment Method for more details.<br><br>**Please see Table C (Payment Method)** |
| PG | 6 | PG006 | Total Claims Payments | Money | #########.## | 12 | The sum of all associated medical claims payments made to each provider for each insurance category, product type, and payment method combination. |
| PG | 7 | PG007 | Total Non-Claims Payments | Money | #########.## | 12 | The sum of all associated non-claims payments made to each provider for each insurance category, product type, and payment method combination. |
| PG | 8 | PG008 | Total Payments | Money | #########.## | 12 | The sum of Total Claims Payments and Total Non-Claims Payments. |
| PG | 9 | PG009 | Amount of Total Payments due to Financial Performance Measures | Money | #########.## | 12 | The subset dollar amount of the total payments paid for financial performance-based contracts for each insurance category, product type, and payment method combination.<br><br>**Please see Field Definitions: Physician Group and Other Providers for more detail.** |
| PG | 10 | PG010 | Amount of Total Payments due to Quality Performance | Money | #########.## | 12 | The subset dollar amount of the total payments paid for quality performance-based contracts, for each insurance category, product type and payment method combination. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | Measures | | | | **Please see Field Definitions: Physician Group and Other Providers for more detail.** |
| PG | 11 | PG011 | Amount of Total Payments due to Financial and Quality Performance Measures Combined | Money | ######### ###.## | 12 | The subset dollar amount of the total payments paid for combined financial and quality performance-based contracts, for each insurance category, product type and payment method combination.<br><br>**Please see Field Definitions: Physician Group and Other Providers for more detail.** |
| | | | | | | | |
| OP | 1 | OP001 | Other Provider OrgID | Integer | ###### | 6 | OrgID assigned by the Center for each Other Provider<br><br>**Please see Appendix A.** |
| OP | 2 | OP002 | Organization Type | Integer | # | 1 | Organization Type<br><br>**Please see Table E (Organization Type)** |
| OP | 3 | OP003 | Insurance Category Code | Integer | # | 1 | Insurance Category<br><br>**Please see Table A (Insurance Category)** |
| OP | 4 | OP004 | Product Type Code | Integer | # | 1 | Product Type<br><br>**Please see Table B (Product Type)** |
| OP | 5 | OP005 | Payment Method Code | Integer | # | 1 | Assigned payment method. Please see Field Definitions: Payment Method for more details.<br>**Please see Table C (Payment Method)** |
| OP | 6 | OP006 | Total Claims Payments | Money | ######### ###.## | 12 | The sum of all associated medical claims payments made to each provider for each insurance category, product type, and payment method combination. |
| OP | 7 | OP007 | Total Non-Claims Payments | Money | ######### ###.## | 12 | The sum of all associated non-claims payments made to each provider for each insurance category, product type, and payment method combination. |
| OP | 8 | OP008 | Total Payments | Money | ###### | 12 | The sum of Total Claims Payments and Total Non-Claims |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | ###.## | | Payments. |
| OP | 9 | OP009 | Amount of Total Payments due to Financial Performance Measures | Money | ###### ###.## | 12 | The subset dollar amount of the total payments paid for financial performance-based contracts for each insurance category, product type, and payment method combination.<br><br>**Please see Field Definitions: Physician Group and Other Providers for more detail.** |
| OP | 10 | OP010 | Amount of Total Payments due to Quality Performance Measures | Money | ###### ###.## | 12 | The subset dollar amount of the total payments paid for quality performance-based contracts, for each insurance category, product type and payment method combination.<br><br>**Please see Field Definitions: Physician Group and Other Providers for more detail.** |
| OP | 11 | OP011 | Amount of Total Payments due to Financial and Quality Performance Measures Combined | Money | ###### ###.## | 12 | The subset dollar amount of the total payments paid for combined financial and quality performance-based contracts, for each insurance category, product type and payment method combination.<br><br>**Please see Field Definitions: Physician Group and Other Provider for more detail.** |

**Table A. Insurance Category**

| ID | Description |
|---|---|
| 1 | Medicare and Medicare Advantage |
| 2 | Medicaid and Medicaid MCO |
| 3 | Commonwealth Care |
| 4 | Commercial |
| 5 | Other (MSP, SCO, PACE, Bridge) |

**Table B. Product Type**

| ID | Description |
|---|---|
| 1 | HMO and POS |
| 2 | PPO |
| 3 | Indemnity |
| 4 | Other (e.g. EPO) |

**Table C. Payment Method**

| ID | Description |
|---|---|
| 1 | Global Budget/Payment |
| 2 | Limited Budget |
| 3 | Bundled Payments |
| 4 | Other, non-FFS based (e.g. PCMHI) |
| 5 | Fee For Service |
| 6 | Carve-Out Services |

**Table D. Hospital Type**

| ID | Description |
|---|---|
| 1 | Acute Hospital |
| 2 | Psychiatric or Substance Abuse Hospital or Acute Hospital Behavioral Health Only |
| 3 | Chronic Hospital |
| 4 | Rehabilitation Hospital |

**Table E. Other Provider Type**

| ID | Description |
|---|---|
| 3 | Ambulatory Surgical Center |
| 4 | Community Health Center |
| 5 | Community Mental Health Center |
| 6 | Freestanding Clinical Labs |
| 7 | Freestanding Diagnostic Imaging |
| 8 | Home Health Agency |
| 9 | Skilled Nursing Facility |